



Certificate of Mailing by "First Class Mail"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on October 15, 2001.

Name of person signing: Jocelyn Lee

10/23/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
OCT 22 2001
TC 3700 MAIL ROOM

In re Application for:

Thomas A. Silvestrini

Serial No.: 08/596,221

Filing Date: July 15, 1996

For: SEGMENTED PLIABLE
INTRASTROMAL CORNEAL INSERT

Examiner: Willse, D.

Group Art Unit: 3738

BOX AF

Commissioner for Patents
Washington, D.C. 20231

PETITION AND FEE FOR EXTENSION OF TIME
(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a 3 month extension of time to respond to the Office Action mailed on April 13, 2001.

1. This communication is in connection with the matter for which this extension is requested
 - a. is filed herewith; or
 - b. has been filed on _____.
2. Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
3. The following fees are submitted:

	TOTAL MONTHS REQUESTED	OTHER THAN SMALL ENTITY	SMALL ENTITY	CALCULATIONS
a. <input type="checkbox"/>	one month	\$110.00	\$55.00	\$
b. <input type="checkbox"/>	two month	\$390.00	\$195.00	\$
c. <input checked="" type="checkbox"/>	three month	\$920.00	\$460.00	\$460.00
d. <input type="checkbox"/>	four month	\$1,390.00	\$695.00	\$
e. <input type="checkbox"/>	five month	\$1,890.00	\$945.00	\$
f. <input type="checkbox"/>	An extension for ____ months has already been secured for filing the above-identified communication and the fee paid therefor of \$____ is deducted from the total fee due for the total months of extension now requested. The fee for this extension (\$____), minus the fee previously paid (\$____) equals \$____ (total fee due).			\$
TOTAL FEES =				\$460.00

- Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- A check in the amount of \$ _____ to cover the above fees is enclosed.
- Please charge Deposit Account No. 50-1189, Billing Reference No. 23915-7319, in the amount of \$460.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Billing Reference No. 23915-7319. *A duplicate copy of this sheet is enclosed.*

DATE: October 15, 2001

Respectfully submitted,

By: Antoinette F. Konski
 Antoinette F. Konski
 Registration No.: 34,202

McCutchens, Doyle, Brown & Enersen, LLP
 Three Embarcadero Center, Suite 1800
 San Francisco, California 94111
 Telephone: (650) 849-4950
 Telefax: (650) 849-4800